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RONALD F. SHALLAT, M.D. FEBRUARY 17, 2006

1	Q. But not only did he not get	13:04:35	1	A. No.	13:06:35
2	treatment, wasn't it -- he was not even told not	13:04:37	2	Q. So not only was he not treated, he	13:06:39
3	to lift anything. I mean, he went -- let me	13:04:41	3	was doing things that could have been	13:06:42
4	strike that. Let me ask a question.	13:04:44	4	contraindicated for his condition; is that fair to	13:06:46
5	Wasn't it really worse than not getting	13:04:48	5	say?	13:06:47
6	medical treatment for Mr. Allen in that he went on	13:04:50	6	A. That is fair to say.	13:06:47
7	to do certain activities that, in fact, could have	13:04:52	7	Q. So isn't it speculation that he	13:06:47
8	made his condition worse?	13:04:54	8	would have had a poor prognosis regardless of	13:06:49
9	MR. GUARINO: Object to foundation.	13:04:56	9	treatment?	13:06:52
10	THE WITNESS: Well, you know, I guess if	13:04:58	10	A. I still think -- yes, I still think	13:06:53
11	he went to the gym and started weight-lifting,	13:05:03	11	his prognosis was very poor, because, as I said,	13:06:57
12	that would have been bad, but I mean, to -- since	13:05:06	12	even if the diagnosis had been made, the time line	13:07:01
13	the diagnosis was not made, I don't know that	13:05:09	13	of how quickly he could have been worked up and/or	13:07:05
14	there was any reason for them to give him any	13:05:12	14	treated was such that I think he -- by the time	13:07:09
15	special precautions. And, in fact, it sound like	13:05:16	15	the diagnosis was made, the definitive one with an	13:07:14
16	he didn't do much.	13:05:18	16	angiogram, was about the time he probably started	13:07:18
17	I mean, he laid down on a swing at Sam's	13:05:19	17	deteriorating. And, you know, I am not sure that	13:07:21
18	Club while she was shopping, and when they got	13:05:22	18	anything that anybody could have done could have	13:07:27
19	back to the hotel he laid down. He might have	13:05:24	19	turned that around.	13:07:30
20	brought some packages in, but I don't know how	13:05:27	20	Q. Doctor, let me ask you, isn't one	13:07:31
21	much they weighed or how much, you know, exertion	13:05:30	21	of the purposes of when you are monitoring a	13:07:35
22	he did. But it sounds like he didn't do much.	13:05:32	22	patient who has got a subarachnoid bleed, before	13:07:38
23	But I mean, you can always use hindsight	13:05:37	23	you do an angiogram or before you do surgery or	13:07:39
24	and say, gee, if we had known his diagnosis, we	13:05:40	24	before you do any sort of further testing, isn't	13:07:42
25	should have told him not to do this or that, but	13:05:41	25	one of the reasons to monitor the patient so that	13:07:45
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1	we didn't -- they didn't know, so I can't fault	13:05:44	1	you can prevent them from deteriorating?	13:07:47
2	them for not saying don't do this or that.	13:05:47	2	MR. GUARINO: Object to the foundation.	13:07:50
3	MS. MCCREADY: Q. And I'm sorry, my	13:05:51	3	THE WITNESS: Well, I will try to answer	13:07:51
4	question probably was not very clear, because I	13:05:51	4	that. Let's say he was being monitored. Let's	13:07:53
5	didn't mean criticize -- I didn't mean to ask you	13:05:54	5	say he was in the hospital being monitored, and	13:07:57
6	to criticize or not criticize the staff at Alaska	13:05:57	6	then at 1:00 in afternoon they say, Okay, we are	13:08:00
7	Native Medical Center because they didn't give him	13:06:00	7	ready for you, Mr. Allen, for your angiogram. And	13:08:02
8	precautions when he left.	13:06:03	8	they take him down and sedate him to do the	13:08:05
9	But my question really is, not only did	13:06:04	9	angiogram.	13:08:08
10	Mr. Allen -- you would agree with me that	13:06:07	10	And during the course of the angiogram,	13:08:09
11	Mr. Allen certainly didn't get any medical	13:06:10	11	you know, because that is about the time that he	13:08:12
12	treatment when he left Alaska Native Medical	13:06:12	12	started going down the hill. There is not much	13:08:13
13	Center that morning.	13:06:14	13	you could do, I mean, you know. So it didn't	13:08:16
14	A. Okay. Other than the Phenergan.	13:06:15	14	matter. I am presenting a hypothetical case, as	13:08:20
15	Q. Other than the Phenergan.	13:06:16	15	you are, too.	13:08:24
16	A. Okay.	13:06:17	16	MS. MCCREADY: Q. Sure. But we only	13:08:28
17	Q. But he did things -- I mean,	13:06:17	17	have hypotheticals because we have got a lack of	13:08:28
18	lifting things certainly would not be something	13:06:21	18	data in this case; isn't that right?	13:08:30
19	you would recommend to a patient with a	13:06:24	19	A. Yeah. But I mean, I am saying	13:08:31
20	subarachnoid hemorrhage to do; wouldn't that be	13:06:26	20	that, you know, he started going downhill very	13:08:32
21	fair?	13:06:27	21	rapidly about the time that, my understanding of	13:08:37
22	A. That's correct.	13:06:27	22	the logistics and the time line of how he could	13:08:41
23	Q. Would you recommend to a patient	13:06:28	23	have been worked up and treated, you know, and he	13:08:44
24	with a subarachnoid hemorrhage that they lay down	13:06:30	24	certainly -- I don't think that they could have	13:08:50
25	and go to sleep without any monitoring?	13:06:34	25	gotten him in good enough shape to ship him down	13:08:57
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1	improved his condition; is that correct?	13:26:37	1	What is that based on? I want to know everything	13:29:03
2	A. Correct.	13:26:38	2	that you are looking at to come to that opinion.	13:29:07
3	Q. It's not that, you know, had he had	13:26:38	3	A. Well, to me it's the best	13:29:08
4	a subarachnoid bleed -- if you have got somebody	13:26:42	4	explanation of why he went downhill so quickly.	13:29:12
5	who has -- strike all that.		5	As I said earlier, if we accept the fact that he	13:29:18
6	If you have a patient with a	13:26:46	6	probably had a sentinel bleed in the morning, you	13:29:25
7	subarachnoid bleed and they present to a medical	13:26:47	7	usually don't go downhill that rapidly from a	13:29:29
8	facility and they are actually neurologically	13:26:50	8	small sentinel bleed. You usually don't develop	13:29:32
9	intact, that is not necessarily going to make a	13:26:52	9	severe brain swelling, ischemia, vasospasm,	13:29:35
10	big difference whether they have hydrocephalus or	13:26:55	10	et cetera.	13:29:39
11	a clot; is that right?	13:26:58	11	And so, the way I put this together is	13:29:40
12	A. That's correct.	13:26:58	12	that the most likely scenario is that he had the	13:29:45
13	Q. So when you state the opinion that	13:26:59	13	major bleed or rebleed, if you will, sometime that	13:29:48
14	Mr. Allen's CT scan showed neither of these	13:27:06	14	afternoon while he was in the hotel room sleeping.	13:29:53
15	conditions, that is, the hydrocephalus or this	13:27:09	15	Q. So you base that on the -- just the	13:29:58
16	clotting issue, which in my opinion means that his	13:27:10	16	description of his course through the day? Is	13:30:03
17	prognosis was very poor, regardless of when or	13:27:13	17	that fair to say?	13:30:06
18	where or what kind of treatment was instituted,	13:27:16	18	A. Yes.	13:30:06
19	that is based on the fact that he -- at the point	13:27:18	19	Q. Is any of that based on the wife's	13:30:06
20	where they took the CT scan, he was in such bad	13:27:22	20	deposition testimony? That is, that opinion about	13:30:10
21	shape; is that right?	13:27:26	21	whether or not he rebled, is that based at all on	13:30:14
22	A. That's correct.	13:27:26	22	the wife's testimony about what happened during	13:30:17
23	Q. I am going to jump down toward the	13:27:28	23	the day?	13:30:18
24	end of your report, because I think we have spoken	13:27:38	24	A. No.	13:30:19
25	quite a bit about that -- the one paragraph I am	13:27:43	25	Q. Is it based on, in part, on the	13:30:19
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1	going to skip over for now.	13:27:46	1	record from the Alaska Native Medical Center, the	13:30:26
2	It says, "In general, aneurysms are	13:27:47	2	emergency room visit record from the 19th?	13:30:29
3	ideally treated within 72 hours of the initial	13:27:49	3	A. Well, only to the extent that, as I	13:30:32
4	bleed."	13:27:52	4	said earlier, his condition when he was seen at	13:30:36
5	And why is that?	13:27:52	5	the Alaska Native Regional Center was such that I	13:30:41
6	A. Well, a couple of reasons. One is	13:27:56	6	don't think he had had a major bleed at that time.	13:30:46
7	the sooner you deal with them, the sooner you	13:28:04	7	And that's why I don't think that he would have	13:30:50
8	eliminate the possibility of rebleeding. The	13:28:09	8	had that terrible decline in clinical condition	13:30:53
9	second reason is that the peak incidence of	13:28:12	9	unless he rebled.	13:30:58
10	vasospasm is probably between three and ten days	13:28:17	10	Q. I am just trying to hit on all the	13:31:01
11	post bleed.	13:28:22	11	factors that went into your opinion about him	13:31:03
12	Q. Could you tell by looking at	13:28:24	12	rebleeding.	13:31:06
13	Mr. Allen's CAT scan on the 19th whether or not he	13:28:26	13	And so, was it based on the CT scan in	13:31:07
14	had suffered a vasospasm?	13:28:30	14	the afternoon?	13:31:09
15	A. Can't tell from CAT scan.	13:28:31	15	A. Well, to some extent the CT scan	13:31:11
16	Q. Can you tell by looking at his CAT	13:28:33	16	showed, A, that he had a significant bleed; B,	13:31:15
17	scan whether or not that is a rebleed?	13:28:37	17	that he had cerebral edema; C, that he had	13:31:19
18	A. No.	13:28:38	18	ischemia. All of those things, in my opinion, are	13:31:24
19	Q. Do you have an opinion about	13:28:39	19	more likely the result of a major bleed, and in my	13:31:28
20	whether or not he rebled that day?	13:28:40	20	opinion, the morning bleed, if he had one, was not	13:31:32
21	A. I think it's more likely than not	13:28:42	21	a major one.	13:31:35
22	that he had the sentinel bleed the night before or	13:28:48	22	Q. Now, I want to just explore the,	13:31:36
23	early that morning, and that he rebled sometime	13:28:52	23	sort of, possibilities. And I understand it's	13:31:41
24	when he was in his hotel room that afternoon.	13:28:57	24	your opinion it's more likely than not that he had	13:31:43
25	Q. Why do you -- I'm just curious.	13:29:01	25	a sentinel bleed the night before, sometime before	13:31:46
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